



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
www.dmvnv.com

MVS EXPRESS PROGRAM APPLICATION FOR PARTICIPATION

☐ Motor Carrier ☐ Licensing Agent

Business Name _____ Account No. _____

DBA Name _____

Physical Address _____

Mailing Address _____
Street City State Zip

Email Address _____

Business Phone No. (____) ____ - ____ Other Business Phone No. (____) ____ - ____

Principal's
Name(s) _____

If a Licensing Agent or a Motor Carrier with multiple accounts, list each account and fleet to be accessed through the MVS Express program. Use additional sheets, if necessary

Please list all employees of this business that will be accessing the MVS Express program and indicate the level of processing required. I = Inquiry only, U = Update for Registration and Fuel Taxes, RU = Update for Registration Only, TU = Update for Fuel Taxes Only

Name	Processing Level

Do you currently hold a Motor Carrier license in any other jurisdiction? ☐ Yes ☐ No

If Yes, please provide the jurisdiction and account number. _____

Has the business ever been suspended, revoked or canceled in Nevada or any other jurisdiction? ☐ Yes ☐ No If Yes, please provide the following information:

Business Name _____

State Licensed _____ Date suspended, canceled or revoked _____

Reason _____

Has any administrative action ever been taken against the business by the Department of Motor Vehicles? ☐ Yes ☐ No

If Yes, please provide the cause for action and the date the action was taken.

CERTIFICATE OF APPLICANT FOR PROGRAM LICENSING

Please initial next to each statement as acknowledgment that you have read and agree to all requirements of this program.

_____ I agree to maintain a place of business with restricted access.

_____ I agree to comply with all requirements set forth in Nevada Revised Statutes and Nevada Administrative Code pertaining to the program.

VERIFICATION

I, (we), the undersigned hereby certify that under penalty of perjury, that I (we) am the applicant making the foregoing application, and that the application has been read and the contents thereof and all statements contained herein are true, correct and complete to the best of my knowledge and belief.

Signed _____

Date _____

Subscribed and sworn before me this _____ day

of _____, 20_____.

Notary Public or Authorized Nevada DMV Representative

Application Accepted By: _____

Reviewed By: _____

Approved _____ Yes _____ No

Reason for Denial _____
